>10% SCHOOL ILLNESS ABSENTEEISM REPORT FORM

One School Per Form Please

Todays Date:______________      School:___________________________________________

Person Completing Form:_____________________________ (If person completing the form not the school nurse please indicate who the school nurse is:_____________________________________) phone____________________  fax______________________

Check all categories that apply for the school you are reporting on

<table>
<thead>
<tr>
<th>Date &gt;10%</th>
<th>Grades Affected</th>
<th>Total # Students in School</th>
<th>Total # ILL Students</th>
<th># ILL ÷ Total # students = % ILL</th>
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Respiratory Symptoms ✓
- Fever >100
- Cough
- Sore throat
- Chills
- Body aches
- Runny nose
- Chest congestion

GI Symptoms ✓
- Nausea
- Vomiting
- Diarrhea
- Fever
- # out due to GI illness=

Other Illnesses Reported ✓
- Strep throat
- Mononucleosis
- Sinus infections
- Chicken pox
- Stomach virus
- Pink eye
- Other:
- # out due to illness=

Additional Information regarding absenteeism (e.g., particular grade or classroom affected, or other event affecting attendance such as vacations, field trips, etc.):

____________________________________________________________________________

Please fax completed form to Stephanie Snitily,RN, BSN
fax 509-886-6478 ♦ phone 509-886-6417